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CONFIRMATION NO. 4851

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/772,099	<b>FILING OR 371(c) DATE</b> 02/04/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 795-10-3	
<b>APPLICANTS</b> Jeffrey T. Haley, Mercer Island, WA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US02/35399 11/05/2002					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 05/05/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 996					
<b>TITLE</b> LICORICE ROOT EXTRACT ORAL PATCH FOR TREATING CANKER SORES					
<b>FILING FEE RECEIVED</b> 1032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		